

## **Registration Form**

| Name of child |                           |        |     | (As  | on birth certificate) |  |
|---------------|---------------------------|--------|-----|------|-----------------------|--|
| Date of birth | Gender                    |        | ľ   | Male | Female                |  |
| Name of       | Name                      |        |     |      |                       |  |
| parents       | of                        |        |     |      |                       |  |
|               | Parents                   |        |     |      |                       |  |
| Address       | Home N                    | lumber |     |      |                       |  |
|               | Is your Childs m address? | ain    | Yes | s No |                       |  |
|               | Mobile I                  | Number | r   |      |                       |  |
|               | Email                     |        |     |      |                       |  |

| Medical Conditions  (please indicate any conditions your child may have) |            |          |            |           |          |    |              |
|--|------------|----------|------------|-----------|----------|----|--------------|
| Asthma   | Eczema     | Diabetes | Sight      | Blood     | Hearing  |    | Physical     |
|  |            |          | Impairment | Disorders | Impairme | nt | Disabilities |
| Cerebral Palsy   Epilepsy   Any other :-                                 |            |          |            |           |          |    |              |
| Is your child registered disabled?                                       |            |          | Yes        |           | No       |    |              |
| Are there any outside agencies working with your                         |            |          | •          | Yes No    |          | No |              |
| child?   |            |          |            |           |          |    |              |
| If YES pl  | ease state | :-       |            |           |          |    |              |

| Does your child have any   | Yes                                   | No  |    |
|----------------------------|---------------------------------------|-----|----|
| If Yes please give details |                                       |     |    |
| Does your child have any   | special dietary needs or preferences? | Yes | No |
| If yes please give details |                                       |     |    |

| Will your childcare hours be funded?                  | YES | NO |
|---|-----|----|
| Would you like to top up your funded hours privately? | YES | NO |
| Do you require childcare during school holidays?      | YES | NO |
| Will you require a hot dinner @ £2.45?                | YES | NO |

| Childcare vouchers we currently take. |  |  |  |
|---------------------------------------|--|--|--|
| Edenred                               | P20952881                                      |  |  |
| Sodexo                                | 830933 (will be under our old name combs ford) |  |  |
| Fideliti                              | WOO265C  |  |  |
| Computershare                         | 0026291061                                     |  |  |

Woodlands Pre-school Lavenham Way, Stowmarket, IP14 2BZ 01449 614470 woodlandpreschool@outlook.com

## Sessions Required (please circle)

| Monday            | Tuesday           | Wednesday         | Thursday          | Friday            |
|-------------------|-------------------|-------------------|-------------------|-------------------|
| Early Birds 8-9   |
| Morning session   |
| 9-12              | 9-12              | 9-12              | 9-12              | 9-12              |
| Lunch Club 12-1   |
| Afternoon Session |
| 12 – 3            | 12 – 3            | 12 – 3            | 12 – 3            | 12 – 3            |
| 3pm – 4pm         |
| 4pm – 5pm         |
| 5pm – 6pm         |

All invoices are for a 4 week period (not including half terms if you are term time only) and are to be paid in advance.

A refundable deposit of £30 is required to secure your child's place at Woodlands Pre-school.

## Please make cheques and BACS payment payable to -

Woodlands Pre-school

Account Number: - 21717568 Sort code: - 77-66-30

Reference Box – Your Childs Name